Ø004/015

NAME OF PROVIDER OR SUPPLIER CARECO 05 STREET ADDRESS, CITY, STATE, 2IP CODE E934 9TH STREET, NW WASHINGTON, DC 20012 (A) ID SUMMARY STATEMENT OF DEFICIENCIES FREETX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL ASSULATORY OR LSC IDENTIFYING INFORMATION) A follow-up survey was conducted on December 18, 2007, to determine the facility's compliance with previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections. W 212) The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) in the sample who were prescribed psychotropic medications for behavior management. (Clients **I and #3)**	AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATES	
The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. April Stemmary Statement of Periolencies Street Address, City, State, Zip code B934 9th Street. NW WASHINGTON, DC 20012				i	NG	-	
CARECO d5 STREET ADDRESS. CITY. STATE, ZIP CODE 8934 9TH STREET, NW WASHINGTON, DC 20012 (C4)10 SUMMARY STATEMENT OF DEPICIENCIES FREETX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A follow-up survey was conducted on December 18, 2007, to determine the facility's compliance with previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, including incident reports and administrative records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections. 483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) in the sample who were prescribed provided for the total sample who were prescribed provided for the total sample who were prescribed provided for the total samples who were prescribed and the record in the sample who were prescribed provided for the total samples who were prescribed and the samples who were prescribed and the samples and the	NAME OF	PROVIDER OR SUPPLIER	09G094			12/1	
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A follow-up survey was conducted on December 18, 2007, to determine the facility's compliance with previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections. W 212) The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sample who were prescribed psychety); in the sample who were prescribed psychety in the sample who were prescribed psychety in the	PREFIX	(CACH DEFICIENCY	MUST BE PRECEDED by max	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE	ON SHOULD BE REAPPROPRIATE	(XS) COMPLET OATE
with previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections. W 212} The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) in the sample who were prescribed psychiatric proposed as a sample who were prescribed psychiatric and the psychiatric and the psychiatric and the problems and clients. Description of the psychiatric and psychi	(W 000)	INITIAL COMMENT	rs .	{W 000}		<u> </u>	<u> </u>
		with previous condit September 28, 2007 were based on obse direct support and a and the review of re reports and adminis findings determined compliance with the Client Protections. 483.440(c)(3)(i) IND. The comprehensive identify the presenting and where possible, This STANDARD is Based on interview a failed to ensure a consessessment had been wo clients (out of the sample who were presented.	ine the facility's compliance ion level deficiencies cited on 7. The findings of this survey ervations, interviews with dministrative staff and clients, cords, including incident trative records. The survey that the facility was in Condition of Participation in IVIDUAL PROGRAM PLAN functional assessment must g problems and disabilities their causes. not met as evidenced by: not met as evidenced by: not record review, the facility mprehensive psychiatric in conducted for both of the see sampled clients) in the	{W 212}	The QMRP will reschedule the evaluation to occur on by	JAN -3 A 10: 18	RECEIVED DEPARTMENT OF HEALTH DEPARTMENT OF HEALTH
	c # 7.	ad revealed that the omprehensive asses 3's psychiatric condit , 2007, at 5:27 PM #	QMRP failed to ensure sment of Clients #1 and ions/ needs. On November				
The September 28, 2007 recertification survey had revealed that the QMRP failed to ensure comprehensive assessment of Clients #1 and #3's psychiatric conditions/ needs. On November 7, 2007, at 3:27 PM, the QMRP stated that	e W fu	ettner client had rece valuation. The const as attending an out o orther indicated that a	ulting psychiatric ulting psychiatric ulting psychiatrist reportedly of town conference. She				
comprehensive assessment of Clients #1 and #3's psychiatric conditions/ needs. On November 7, 2007, at 3:27 PM, the QMRP stated that neither client had received an updated psychiatric evaluation. The consulting psychiatrist reportedly was attending an out of town conference. She further indicated that a November 21, 2007	ans	11 Il -11	man il	_ ` <i>1</i>	TITLE		
comprehensive assessment of Clients #1 and #3's psychiatric conditions/ needs. On November 7, 2007, at 3:27 PM, the QMRP stated that neither client had received an updated psychiatric evaluation. The consulting psychiatrist reportedly was attending an out of town conference. She further indicated that a November 21, 2007 RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE (X5) DATE	eficiency si	tatement ending with an a	sterisk (*) denotes a deficiency which for to the patients. (See Instructions.) a plan of correction is provided. For the made excellents in the made excellents in the made excellents.	Cotto G	plusability Alm	ica 1/2	1208

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CENTE		H AND HUMAN SERVICES E & MEDICAID SERVICES			FOR	D: 12/21/20 M APPROV D. 0938-03
AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. SUILDING	LE CONSTRUCTION	(X3) DATE COMPI	SURVEY
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NAME OF F	PROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZIP (19/2007
CARECO	05		693	et Abbress, City, State, 219 (14 9TH STREET, NW ASHINGTON, DC 20012	CODE	
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W 212}	meeting was sched "review all individua medications." It sh Client #1's interdisc	duled with the psychiatrist to als on psychotropic ould be noted, however, that ciplinary team was scheduled on November 16, 2007, to	{W 212}			
	Previously, the Sep findings included:	tember 28, 2007 survey				
	failed to ensure a co assessment had be two clients (out of the sample who were p	and record review, the facility omprehensive psychiatric sen conducted for both of the nree sampled clients) in the rescribed psychotropic avior management. (Clients		·	-	
	both Clients #1 and medications to addr					
	evening medication 25, 2007. Client #1' dated September 25 of Intermittent Explo- date of diagnosis no the Qualified Mental (QMRP) and review	administration on September s Annual Medical Evaluation, 5, 2007, reflected a diagnosis sive Disorder (source and t indicated). Interview with Retardation Professional of Clients #1's and #3's er 27, 2007 failed to provide				
ź	evidence of a compressessment that doc	el 27, 2007 falled to provide rehensive psychiatric cumented each client's Axis I ed the use of the prescribed				

Event ID; C5KJ13

Facility ID: 09G094

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{W 212} Continued From page 2 psychotropic medications. Based on interview and record review, the facility falled to ensure a comprehensive psychiatric.	2/21/200
AND PLAN OF CORRECTION AND PLAN OF CORRECTION OPECAPE OF BUILDING OPECAPE OF PROVIDER OR SUPPLIER CARECO 05 STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW WASHINGTON, DC 20012 (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (W 212) Continued From page 2 psychotropic medications. Washington of correction PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY W 212) Based on interview and record review, the facility falled to ensure a comprehensive psychiatric	
NAME OF PROVIDER OR SUPPLIER CARECO 05 STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW WASHINGTON, DC 20012 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (W 212) Continued From page 2 psychotropic medications. Based on interview and record review, the facility falled to ensure a comprehensive psychiatric	VEY
CARECO 05 STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW WASHINGTON, DC 20012 (X4) ID PREFIX TAG SUMWARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 212} Continued From page 2 psychotropic medications. Based on interview and record review, the facility falled to ensure a comprehensive psychiatric	2007
CARECO 05 6934 9TH STREET, NW WASHINGTON, DC 20012	:UU [
(X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) (W 212) Continued From page 2 psychotropic medications. Based on interview and record review, the facility falled to ensure a comprehensive psychiatric.	
Based on interview and record review, the facility falled to ensure a comprehensive psychiatric	(2x) NOTE_PMO TAC
; falled to ensure a comprehensive psychiatric	,
assessment had been conducted for two of the five client's which reside in the facility. [Client's #1 and #3)	
Interveiw with the Qualified Mental Retardation Professional (QMRP) on December 18, 2007 at approximately 5:45 PM revealed that neither Client #1 and #3 had been assessed for by a Psychiatrist as detailed in the plan of correction date December 13, 2007. According to the nurse, both client's have been scheduled for an psychiatric assessment on December 29, 2007 with a private consultant located in Springfield, Virginia.	
This is a repeat deficiency. 483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that clients received comprehensive vocational assessments as indicated, for one of the three clients in the sample. (Client #3) The findings include: [W 225] The QMRP will coordinate with the Day Program to ensure that a formal, documented vocational assessment is completed. The QMRP will request the Day Program to provide the Task Analysis, Situational Observation, Interest Inventory and Skill Inventory for the client to ensure that he is properly placed in opportunities for community-based employment.	n 08
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION

(X2) MULTIPLE CONSTRUCTION

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(T2) 1	et et ster	I COMETINION		D. 0938-039
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		ilding	LE CONSTRUCTION	(XR) DATE COMP	SURVEY LETED
		09G094	B. WI	NG		4.00	R
NAME OF I	PROVIDER OR SUPPLIER D 05			59:	ET ADDRESS, CITY, STATE, ZIP CO 34 9TH STREET, NW ASHINGTON, DC 20012		19/2007
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	had revealed that if comprehensive voca #2. On November AM, Client #3 told to going to day prograshopping" instead. The nurse's office, Clipb." Minutes later, room table and beg approximately 7:48 comment "I want and he said "I want a new At 3:30 PM, the Quardessional (QMRF #3's day placement. Professional (QMRF #3's day placement. Program had "move days per week. On he was performing incommunity gym. Shooth said the client frabout wanting a new acknowledged that Comprehensive vocational assessment in the "Work Assince at least 1999, he facility had sough cocational assessment interests, street was the follow-up to tated that Client #2's cheduled to meet N	2007 recertification survey the QMRP failed to ensure a cational assessment for Client 7, 2007, at approximately 7:15 his surveyor that he was not in that day, he was "going At 7:37 AM, while seated in client #3 stated "I want another the client sat at the dining an eating breakfast. At PM, he repeated the other job." Then at 7:49 AM, w job." Alified Mental Retardation P) was asked about Client She said his vocational dhim" to another location two Tuesdays and Wednesdays, anitorial duties at a see and the Resident Director and not complained to them of job. However, the QMRP Client #3 had not received a stional assessment. Record and indicated that he had etivity Program" (vocational) There was no evidence that it a comprehensive ent, describing the client's	{W 2	25)			
NA SNE OSO				<u>.</u>		! i	

FORM CMS-2567(02-99) Previous Versions Obsoleta

Event ID: C5KJ13

Facility ID: 09G094

If continuation sheet Page 4 of 9

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DEPAR	TMENT OF HEALTI	HAND HUMAN SERVICES				PRINTE	D: 12/21/200
		& MEDICAID SERVICES				FORI OMB NO	M APPROVE(<u>),</u> 0938-039
STATEMEN UND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	NULTIPI ILDING	LE CONSTRUCTION	(X3) DATE COMPI	SURVEY
·		09G094	B. WI	NG		12/	R 19/2007
CARECO	PROVIDER OR SUPPLIER			693	ET ADDRESS, CITY, STATE, ZIP CODE 14 9TH STREET, NW ASHINGTON, DC 20012		347,740
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W 225}	Continued From pa		{W 2	25)			
	Previously, the Sep findings included:	tember 28, 2007 survey					
	review, the facility facesived comprehe	on, interview and record alled to ensure that clients nsive vocational assessments e of the three clients in the	•				
	The findings include)		1			
-	AM, the Resident D #2 performed volunt a nursing home. Th just been informed I the client had done that the nursing hon there on a permane reportedly planned t government case we	2007, at approximately 8:15 frector (RD) stated that Client teer work in the dining area of the RD indicated that he had by Client #2's job coach that so well during the "trial period" he wanted him to continue ht basis. The job coach to inform the client's borker of his work performance it he remain at that location.					
	client placed eating pags. He did so with the coach or his peeme and three other volaced the eating utgoes water, at the resigner. The coach demy best workers." As had been volunted month, "preparing	ved at his day placement on the beginning at 9:57 AM. The ultersils in individual plastic nout any assistance from his re. His job coach stated that colunteers with disabilities ensils, along with napkins and dents' place settings before escribed the client as "one of eccording to the coach, Client ering there for approximately him for employment." She was "well-mannered and					

FORM CMS-2567(02-99) Previous Versions Obsolste

Event ID; C5KJ13

Facility ID; 09G094

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2009/015

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	D: 12/21/20 07
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FOR	M APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPL IILDING	E CONSTRUCTION	(X3) DATE	<u>0,0938-0391</u> SURVEY PLETED
		09G094	B, WI	NG			R
NAME OF F	PROVIDER OR SUPPLIER			Teren.		12/	/19/2007
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(X4) ID PREFIX TAG	! (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL. BC IDENTIFYING INFORMATION)	ID PREP TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRINCE DEFICIENCY)	If D. DE	(X5) COMPLETION DATE
(W 225)	Continued From pag	ge 5	{W 2	25}			
	period was schedule (December), however to stay because he is peers did not earn at their work. They vol Monday-Friday, between their work. They vol Monday-Friday, between their work. At 10:16 AM, Client: and asked "I'm going right?" After the client acknowledged that make the said that we motivated, she thoughout motivated if he time, there was only area, the nursing hor This was verified a feinterview with the suppaid employee. She "enjoys his work and	that he "would be even got a check in hand." At the one paid staff in the dining me's dining room supervisor, we minutes later through pervisor. She was the sole also confirmed that Client #2 is doing well."					
I I I I I I I I I I I I I I I I I I I	that to date, she had Mental Retardation Pheither individual had When asked about Coach said she "he coerform most tasks andependent in silver much everything." However, the courrently employable, after that day, the RD bout Client #2's day RD confirmed that he	and QMRP were asked placement. At 5:24 PM, the current location. At the current location. At the current location. At the current location. At					

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CENTERS FOR MEDICARE & MEDICARE	HUMAN SERVICES DICAID SERVICES				FOR	D: 12/21/200 M APPROVE:
	OVIDER/SUFPLIER/CLIA NTIFICATION NUMBER:	- (ULTIPL LDING	E CONSTRUCTION	(X3) DATE	O. 0938-039 SURVEY LETED
	09G094	B. WIN	G			R
NAME OF PROVIDER OR SUPPLIER CARECO 05	-	<u> </u>	6934	T ADDRESS, CITY, STATE, ZIP CODE 4 9TH STREET, NW SHINGTON, DC 20012	12	/19/2007
(X4) ID SUMMARY STATEMENT (PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTI	PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	HIDRE	(X5) COMPLETION DATE
W 225} Continued From page 6 approximately 5:29 PM, the acknowledged that she had work site. She did, howeve received a telephone call for the previous day. The coac client was "doing well." She the other clients were leaving December, they wanted "to nursing home and a case complanned for within the coming discuss the proposal. When vocational assessment, the she did not know whether an been performed. On September 28, 2007, be review of Client #2's record the evidence that he had receive vocational assessment to deskills and training needs. The ananual report (dated Aprilip prepared by the client's curre report indicated that while he worker," he required "verbal the day to remain on task." plan for the coming year inclined mendation to "explore employment opportunities" but to "at least 2 community-basic opportunities per quarter." It should be noted that furthe Client #2 and residential staff money was important to the denjoyed making purchases. The client was responsible for batteries for such items as his At the time of the survey, there that Client #2's interdisciplina.	not visited the current of report having om the job coach on the reported that the econfirmed that while ag the work site in keep him" at the onference was ag month (October) to a sked about a QMRP stated that a assessment had ginning at 9:53 AM, failed to show at a comprehensive etermine his interests, here was, however, 1 30, 2007) that was ant day program. The ewas a "very hard prompts throughout The day program uded a community based y exposing the client and that he According to the RD. purchasing s TV remote control fe was no evidence.	{W 23	25}			

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STATEMEN	YT OF DEFICIENCIES	E & MEDICAID SERVICES				OMB N	M APPROV O. 0938-0
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE	
	<u> </u>	09G094	B, Wil	VG			R
NAME OF	PROVIDER OR SUPPLIER			CV-		12/	19/2007
CAREC	0 05			69	EET ADDRESS, CITY, STATE, ZIP CODE 334 9TH STREET, NW /ASHINGTON, DC 20012		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	10			· · · · · · · · · · · · · · · · · · ·	
PREFIX TAG	RESULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		Frovider's plan of corri (Each corrective action si cross-referenced to the ap depiciency)	IOLUG or	(X5) COMPLETA DATE
W 22 5 }	Continued From pa	age 7	{W 22	153			
	comprehensive voc	cational assessment,	\VV 22	237			
	i describing the clien	It's current interests streamter 1		. }		,	İ
	upcoming case con	le for discussion at the ference. It was proposed to					
	veeb me clieut bisc	ed in a volunteer position with 1					
,	no opportunity for a	dvancement to a paid position		İ			
	of employment.	, , , , , , , , , , , , , , , , , , , ,					İ .
	It should be further.	noted that on September 28,		i			1
[2007, 204.01 PM. C	JICH #7 Pothyreiseticsily		1			
ſ.	ueclared to that he l	had received a navehook that					,
ļ	performed during a	for "contract work" that he had recent period he spent					
	working at a shelter	ed workshop, and not at the					
1	volunteer work site.	and that at the		- 1			i
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j	Based on observatio	n, interview and record					
	review, the racility fai received comprehen	iled to ensure that clients sive vocational assessments			•		
, ,	as intulcated, for one	of the three clients in the					
5	sample (Client #2)	the since orenta if the					
-	The finding includes:						
				1		Į	
1 2	On December 18, 20	07 at approximately 5:30				:	
	IN HITCH AND MICH THE	B WINKY and the Regidential L					
s	uccessful in petting	t the facility has not been a vocation assessment				ĺ	
-	ombleted tot Citeut?	*2 According to the OMED 1		i			
į U	ia nno casé Mauso	Jer had scheduled en 📗					
4	ssessment for Nove	mber 13, 2007: however					
	ie odo case Manac	ed that she was contacted by				i	
0	ppointment for Clien	t#2. Reportedly the OMBO				ļ	
1 411	innimise rue zauxeλoi	that she had snoken with 1					
Į (n	e case mananger ol	Decemebr 12, 2007. At		!	•	ļ	

If continuation sheet Page 8 of 9

Facility ID: 09G034

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CONSTRUCTION	<u> </u>	OMB NO). 0938-03
	40/11/25/10/1	IDENTIFICATION NUMBER:		LDING		COMPL	
		09G094	B. WIN	IG			R
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	12/1	9/2007
CARECO	· · · · · · · · · · · · · · · · · · ·			6934 9TH STREET, NW WASHINGTON, DC 20012	4622		
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(W 225)	appointment date a The Case Manager	ge 8 Versation the QMRP was S Case Manager that the nd time would be forthcoming, stated that she would call the	(W 22	25}		, .	
	QMRP soon. This is a repeat defi						
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PRINTED: 12/21/2007 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G094 NAME OF PROVIDER OR SUPPLIER 12/19/2007 STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DOMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY {I 0000}| INITIAL COMMENTS {| 0000} A follow-up licensure survey was conducted on December 18, 2007 to determine the facility's compliance with previous deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients. and the review of records, including incident reports and administrative records. (I 223) 3510.4 STAFF TRAINING {I 223} The QMRP will provide agendas used for training Each training program agenda and record of staff in Fire Safety, Cooking Safety, Electrical Safety; participation shall be maintained in the GHMRP Sexuality; ISPs/Active Treatment; Rights of and available for review by regulatory agencies. Persons with MR/DD Most Integrated Setting; Role of the Professional Counselor, Ethics in the This Statute is not met as evidenced by: Workplace; Securing Medical and Dental Care; and Based on interview and record review, the Sign Language. GHMRP failed to ensure that agendas were maintained in the group home and made available for review. The September 28, 2007 licensure survey had revealed no evidence of agendas for eight staff in-service training sessions. The GHMRP submitted a written Plan of Correction, signed October 25, 2007, in which the provider wrote: "The QMRP will provide copies of the standard agendas that were used for for trainings " with a completion date of November 2, 2007. Staff in-service training records were reviewed in the GHMRP on November 7, 2007, beginning at 9:56 AM. There was a staff signature sheet for training conducted by the QMRP and the RD on October 20, 2007 on the topics "Staff Supervision" and "Documentation." There was no corresponding agenda, however, available for review. At approximately 4:56 PM, the QMRP and RD acknowledged that there was no agenda Health Regulation Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM C5KJ13 If continuation sneet 1 of 3

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PRINTED: 12/21/2007

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

A. BUILDING
B. WING

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CARECO	0 05	6934 9TH WASHING	STREET, NV STON, DC 20	Y 012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC (DENTIFYING INFORMA)	ELH I	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{I 223}	Continued From page 1		{ 223}			
	available to verify the information that hat conveyed. In addition, the QMRP did not documentation or copies of "the standard agendas" for trainings cited in the previous survey.	t offer				
į	朱市主作官为现实共享对决定的国家实实大大政立主席生产及企业实现大政 化		1		•	
	Previously, the September 28, 2007 surveindings included:	еу		·		
	On September 26, 2007, beginning at 3:2 review of the GHMRP's staff in-service transcribes revealed that there were no agen available for training sessions that were in by staff signature sheets. For example, the ware no agendas or handouts to indicate subject matter discussed at the following:	aining das Idicated ere				
ļ	- September 6, 2007 "Fire Safety, Cooking Safety, Electrical Safety;"	9 .				
	- July 23, 2007 and August 11, 2007 "Sexi	uality;"	-			
:	- August 8, 2007 "ISPs/Active Treatment;"	.]			į	
1	- July 19, 2007 "Rights of Persons with MF Most Integrated Setting:"	R/DD	. !			ļ
1	- August 8, 12 and 13, 2007 "Role of The Professional Couπseior;" and	·				
1 1	other recant training on such topics as "Etr The Workplace," "Securing Medical and De Care" and "Sign Language."	nics in ental				, representation of the second
1.5	For the most part, the only agendas availab eview were those that were brought by DC personnel when they presented training on	20	Ì			

Health Regulation Administration

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If continuation sheet 12 of 3

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PRCVIDER/SUPPUB IDENTIFICATION NU	-R/CUA MBER:	(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION		DATE SURVEY COMPLETED R
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{ <u>22</u> 3}	Continued From pa	ige 2		{ 223}			
·	**************************************	**************************************					
	review of the GHMF records revealed that available for the training agendas we training agendas we	2007, beginning at 5:: RP's staff in-service t at there were no age inings listed in the No visit. According to the cemebr 13, 2007, the ere to have been sec rdinator, for the agen	raining indas overnebre plan of ese ure from		·	·	
	in-service record.				•		
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